	0-1-0
Proposal # 2001- 1208	_(Office Use Only)
Proposal # 2001	

PSP Cover Sheet Attach to the front of each proposal) Proposal Title: Delta Studies Program: San Joaquin County Schools San Joaquin County Office of Education San Joaquin County Office		
PSP Cover Silect Attach to the Program: San Joaquin County Delta Studies Program: San Joaquin County Delta Studies Program:		
Proposal Title: Delta Studies Program: San Joaquin County Office of Education San Joaquin County Math & Science		
Mailing Address:		
Mailing Address: Telephone: (209) 468-4880		
Fax: (209) 408-71.0		
Email: JWIISONES (COSTI		
Amount of funding requested: \$102,097 (\$30	6,291 3 years) the source of the funds. If it is different for state or federal	
Amount of funding requested.	le source of the funds. If it is	
Some entitles charge directions		
funds its Delow.	Federal cost	
State cost	NT.	
•	X YesNo	
Cost share partners?	applicant agency and III	
Cost share partners? Identify partners and amount contributed by each Applicant agency and In-Kind & cash support from collaborators \$13,000 per year (\$39,000/3 yrs)		
from collaborators +		
· · · · · · · · · · · · · · · · · · ·		
Indicate the Topic for which you are apply	Beyond the Riparian Corridor	
n Natural Flow Reguines	- Local Mariel 2160 Organisation	
n Nonnative Invasive Species	Environmental Education Environmental Education Environmental Education Environmental Education	
Channel Dynamics/Sediment Transport		
— Flood Management	Fishery Monitoring, Assessment and Research	
Shallow Water Tidal/ Marsh Habitat	Tish Screens	
a Contaminants	· · · · · · · · · · · · · · · · · · ·	
	9 San Joaquin	
What county or counties is the project located in		
What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as What CALFED ecozone is the project located in? See attached list and indicate number. Be as specific as possible Section One: San Joaquin - Sacramento Delta		
What CALFED ecozone is the project located	Sacramento Delta	
possible Section One: San Social	•	
posona h. ena h	wy.	
Indicate the type of applicant (check only one b	□ Federal agency	
- Chaka a controls?	□ Non-profit	
Dublic/Non-profit joint venture	n Tribes	
Local government/district	Private party	
	-	
University Other:	-	